

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10849370 FILING DATE 5-20-04
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
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18	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	58					
TOTAL CLAIMS	60					

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